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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: EBRINGER, Alan
Title: DIAGNOSIS OF SPONGIFORM DISEASE

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REVOCATION OF POWER OF ATTORNEY;
GRANTING OF POWER OF ATTORNEY; CHANGE OF ADDRESS

Assistant Commissioner for Patents
Washington, D.C. 20231

To the Commissioner:

I, the undersigned, hereby revoke all Powers of Attorney previously given in relation to the application referred to above. Please recognize the attorneys listed below as my attorneys in the prosecution of the above identified application with full power to transact all business in the Patent and Trademark Office connected therewith, including full power of substitution, revocation and change of correspondence address:

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22nd May 2002
DAY/MONTH/YEAR

Alan Ebringer
Alan EBRINGER